

3.2. HARS Reporting of HIV Infection

While complete data analysis of HIV-only cases in Tennessee from the HARS is not possible due to resource limitations and time constraints, some data are presented here by geographic, sociodemographic and exposure characteristics. Space limitations confine discussion to cumulative HIV-only case characteristics. While it is tempting to try to compare the age, sex, race, exposure and regional distributions of reported HIV-only cases with AIDS cases, the differences in these data sets make such comparisons problematic. AIDS cases are analyzed by date of diagnosis rather than date of report. In addition, as persons reported with HIV are diagnosed with AIDS, they are moved in the HARS data base from the HIV category to the AIDS category. Referred to here as "HIV-only cases" are those whose disease had not reportedly progressed to AIDS as of March 1996. What this means for interpretation of time trends or other results is unknown, and caution is required.

A total of 3,398 HIV-only cases have been reported in Tennessee from 1992 through 1995. Cumulatively, males comprised 75% of all HIV-only cases. Sixty-one percent of cases were reported among blacks, 38% among whites and 1% other races (Table 3.2.1).

The most common source of exposure to HIV was MSM (40%), followed by IDU at 19%, with 4% exposed through MSM and IDU. Sixteen percent of all HIV-only cases were attributed to heterosexual sex transmission. Less than 1% received contaminated blood or blood products, while exposure risk for 21% was not yet identified as of March 1996. The magnitude of the unidentified risk group makes conclusions inadvisable.

Nearly 50% of cumulative HIV-only cases fell in the 25-34 year age-group. Shelby County had the largest proportion of HIV-only cases -- 38%, followed closely by Davidson County -- 32%. Sullivan County and Southeast Tennessee had the lowest proportion of regional cases (Table 3.2.2). Counties with the highest numbers of cumulative cases were the large metropolitan counties, Shelby and Davidson, followed by Hamilton and Knox. Among other counties, Madison County had the most cumulative reported HIV-only cases, followed by Rutherford, Montgomery, Robertson and Washington Counties. Most counties had between 0 and 4 HIV-only cases reported as of March 1996 (Figure 3.2.1).

The distributions of HIV-only cases by region and year of report are displayed in Tables 3.2.2 and 3.2.3. Table 3.2.3 suggests that residual reported HIV-only cases have apparently increased over the period 1992-1995. However, this may be merely an artifact of increased reporting, increased testing, and the fact that cases which became diagnosed AIDS cases were deleted from the overall counts of reported cases by year.